RTSC 2016. 531-270085

Need Assistance with completing the Form?

SC Office of Regulatory Staff

CLASS C REINSTATEMENT FORM

Mail or Fax a copy of this form to:

Public Service Commission of South Carolina

2010-260-T-270083

101 Executive Center Dr., Ste 100 Columbia, S.C. 29210	Transportation Department
PHONE (803) 896-5100 FAX (803) 896-5199	PHONE: (803) 737-0800
DATE: April 20, 2017	ent of my:
Please consider this an application for Reinstateme	ent of my:
Taxi Certificate Number	
Charter Certificate Number 83	347
Charter Bus Certificate Number	- Ch
Non-Emergency Certificate Number	
Stretcher Van Certificate Number	
My certificate was revoked/cancelled onApril 27, 2016becausedid not file proof of insurance(DATE)	
(insurance never lapsed - continued in effect)	
I am seeking reinstatement because Bowers Signature Services LLC has revamped their fleet of vehicles and	
wish to reinstate Charter to continue providing transportation .	
Dawara Sianahura Samiraa II S	
(Name of Company)	BA(if applicable)
1895-B Gentry Memorial Hwy (Street Address)	PO Box 1828 (Mailing Address if different from Street Address)
(Figure 255)	
Easley SC 29641 Marin Bauer	
(City, State, Zip Code) (Signature)	
864-269-7888 (Direct line 864-507-0296)	Vice-President
(Telephone Number)	(Title) Owner, President, etc.